## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

<b>ADMINISTR</b>	ATIME	DDOCEDI	IDEC NI	TICE	FILING
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ADMINISTRATIVE PROCEDURE	S NOTICE FILING	ì			
AGENCY NAME MDWFP		CONTACT PERSON Annette Clark	TELEPHONE NUMBER 601-432-2020		
ADDRESS 1505 Eastover Drive		CITY Jackson		STATE MS	ZIP 39211
EMAIL annettec@mdwfp.state.ms.us	SUBMIT DATE 5-29-12	Name or number of rule(s): W17-3440	1013		
Short explanation of rule/amendment	/repeal and reason	(s) for proposing rule/amendm	ent/repeal: C	anal Section; F	lunting
Specific legal authority authorizing the	e promulgation of r	ule: Miss. Code Ann. §49-5-13			
List all rules repealed, amended, or su	spended by the pro	pposed rule: W17-3440			
ORAL PROCEEDING:					
An oral proceeding is scheduled fo	r this rule on Dat	e: Time: Place:			
x Presently, an oral proceeding is n	ot scheduled on thi	s rule.			
If an oral proceeding is not scheduled, an oral p ten (10) or more persons. The written request notice of proposed rule adoption and should integer agent or attorney, the name, address, email adcomment period, written submissions including ECONOMIC IMPACT STATEMENT:	should be submitted to take the clude the name, address dress, and telephone nu	the agency contact person at the above s, emall address, and telephone numbe mber of the party or partles you repres	e address within to r of the person(s ent. At any time	twenty (20) days a ) making the reque within the twenty	ofter the filing of this est; and, if you are an y-five (25) day public
ECONOMIC IMPACT STATEMENT;					
x Economic impact statement not r	equired for this rul	e. Concise summary of ed	conomic impa	ict statement a	ittached.
TEMPORARY RULES PRO		SED ACTION ON RULES	FINAL ACTION ON RULES		
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Amendment Reper Adop Proposed fin 30 days afte	rule(s) to existing rule(s) al of existing rule(s) tion by reference al effective date:	Date Proposed Rule Filed: _4-20-12 Action taken:  x Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date:  x 30 days after filing Other (specify):		
Printed name and Title of person a Signature of person authorized to		ules Sam Polles, Ph.D., Ex	ecutive Dire	ctor	
oignature of person dutilonized to	1	AND TE DELOW THE LINE			
OFFICIAL FILING STAMP		FICIAL FILING STAMP	OF	FICIAL FILING	STAMP
			SECR	MAY 2 9 20 MISSISSIP ETARY OF	STATE
Assented for filing by	Accepted for	su filing by	Assented for	or filing by (12	1881AF